COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3, Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse □ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No **BRET CLARK** HUB RESEARCH & DEVELOPMENT 377 W 1500 S 3. Service Type SALT LAKE CITY UT 84115 ☐ Express Mail ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail TCOD. 16/2013 SO150043 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7005 2570 0000 4801 5624 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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